Pitt County
Council on Aging

4551 County Home Road
Greenville, NC 27858
Telephone: 252.752.1717
Fax: 252.752.9365

Community Referral Form

Date: _____ **Last 4 digits Social Security Number:** _____

Basic Information: *Must reside in Pitt County and be 55 and older; some services require age 60+*

Name:	DOB:	Home Phone:
Physical Address:		Mobile Phone:
Mailing Address (if different):		Email:
Emergency Contact Name/Phone:	Who to Contact (provide contact #)	
Monthly Income of Person Being Referred:		

Eligibility and Demographic Information for Statistical Reporting: (mark those that apply)

	Yes	No
Property owned by above person		
60+		
Veteran		
Lives alone		
Receives Medicaid		
Anyone else able to assist with home modifications/ equipment?		
Any walking device? Please list:		

Gender:	Male	Female	
Race/Ethnicity:			
Number of falls in past year			
		Yes	**No**
Has above person been to ER in past 30 days?			
Have they been admitted to hospital in last 30 days? Date of discharge:			
Are they able to independently prepare meals?			
Do they have someone who can regularly prepare their meals?			

Risk Considerations: (mark those that apply)

Weakness	Vision Impairments	Tingling/Numbness Hands/Feet
Dizziness	Memory Loss	Concern/Worry about falling

Home Health Services: Is referred person receiving any of the services below? (mark those that apply)

Occupational Therapy	Physical therapy	Nursing

Self-Care/Mobility Skills: Mark skills the person needs assistance completing

Bathing	Dressing	Grooming	Walking
Eating	Toileting	Housekeeping	Going up/down stairs

Services/Equipment Needed: Mark the services/equipment the person needs

Home Delivered Meal Assessment (60+)	Raised toilet seat (note if arms are needed)	
Congregate Meal Assessment (60+)	Grab bars (List location):	
Food Pantry Resources	Hand railings (List location):	
Nutritional Supplements (Ensure, Glucerna, Nepro)	Shower chair	Long shower hose
Medical Transportation (60+)	Transfer tub bench	
Socialization, Activities, Senior Wellness Centers	**Comments:**	
Information & Referral (caregiver, housing, long term care, other resources)		

Name of person/family member making referral: _____

Phone and email of person making referral: _____